## **Revised Manifest Summary Report**

## RANDALL/MACANNY RANDALL/MACANNY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
11/13/1989		88181305		1834.8	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .9174

UNIFORM HAZARDOUS I Generator's US EPA	ID No.	denifost ument No.	NOT THE HIGH	THE PROPERTY AND ADDRESS OF THE PARTY OF THE	Carrier Will Carll Co. Co.	the sheded dress for Federal law.
WASTE MANIFEST   C;A  D 9 8 11  3. Generator's Name and Mailing Address	116111504	րիսի 3	CASSES SERVICES		The same	
RANDALI, MACANNY			S. Orac	A PROPERTY AND ADDRESS OF	181	305
4935 McConnell Ave., Suite 20, Los Generalor's Phone 213 1 822-3344	Angeles, CA 90	NOO	BERTHER PROPERTY.	to Storage about the conceptant retent	6 7 6	4594
	US EPA ID Number	Sobo	C			Gity C.
RETURNISH CHEMICALS, INC. C. Transporter 2 Company Name 8.	A D 9 8 1 6 8 0	15 15		Transporter/s		98
	111111	111	F. Ru	epartur i Parini		
Designated Facility Name and Site Address     OMECA RECOVERY SERVICES	US EPA ID Number			A DIOI4E	21214	Pholi
1950b & Whittier Blvd.	* n a h a a h	5001	H. Fat	213) 698-		10
	A D 0 4 2 2 4 4	12. Conta	ASSESSED FOR	13. Total	TE	
11. US OCT Description (including Proper Shipping Hame, Hazard Ci	ses, and ID Hymber)	No.	Type	Quantity	WE/Vo	
waste, Flammable Liquid N.O.S. UNIS	993		D. M		G	2
		0014	ĽĖ.	1 12124	9 <u>"</u>	2000
<b>b</b>				8		
		11		11811		
				ĺ		EPA/Oble
		11		1111		State
						EPA/Other
J. Additional Descriptions for Materials Listed Above		111	X Ha	udilen Codes for	Wantes	Lietad Alboria
WASTE THIMBER				01		
			C.		4	
16. Special Heading Instructions and Additional Information.				i i		T V July
USE GLOVES & GOGGLES				4		
14				h i		
GENERATOR'S CERTIFICATION: I hereby declare that the co- end are classified, perited, marked, and labelled, and are in all r	sepects in proper condition.	re tully and action transport	curately by highe	described abovey according to	applicab	per shipping same to international an
national government regulations.  If I am a large quantity generator, I cartify that I have a program	is place to reduce the volum	ne and loxicit	y of was	le generaled to	the degr	se i have determin which minimizes.
to be economically practicable and that I have selected the pre- present and heurs throat to human health and the onvironment, generation and select the best waste management method that	Offi, if I are a small quantity is evaluate to me and that!	, storage, or generator, I h can afford.	ave med	e a good with a	Mert to a	siminiza py wanto
	Signature		\ .			Month Day
Printed/Typed Name		11 11	17	1		THE AS
BILL DINH	1 15	4 ×	THE PERSON			
BILL DINH  17. Transporter 1 Acknowledgement of Receipt of Materials	Bignature O a	4 X	<u></u>			Month Day
BILL DINH  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  EDDIE TORRES	Squature Esta	u T	Tre	w ·		VVVZ
BILL DINH  IF Transporter 1 Acknowledgement of Receipt of Materials  Profiled (Typed Name  EDDIE TORRES  18. Transporter 2 Actnowledgement of Receipt of Materials	Signature Esta	u T	Tre	<u>ن</u>		Month Day
BILL DINH  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  ENDIE TORRES  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	Cao	u V	Tre	<b>S</b>		VVV3
1). Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name.	Cao	u D	Tre .	<b>6</b>		
BILL DINH  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  ENDIE TORRES  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name	Cao	u T	Tru			
BILL DINH  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Typed Name  ENDIR TORINES  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Typed Name  19. Discrepancy Indication Space  19. Facility Owner or Operator Certification of receipt of hazardons	Signature  Signature  materials covered by this m	griffest except	The see per	ed in Form 10.		
BILL DINH  19. Transporter 1 Admoustedpenent of Receipt of Materials Printed Typed Name  EDDIE TORRES  18. Transporter 2 Admoustedpenent of Receipt of Materials Printed Typed Name  19. Discrepancy Indication Space  10. Facility Owner or Operator Cortification of receipt of hazardous Printed Types Materials  Printed Types Materials	Squeture	,47	The same			
BILL DINH  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed Typed Name  EDDIE TORRES  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed Typed Name  19. Discrepancy Indication Space  19. Facility Owner or Operator Certification of receipt of hazardous  Printed Types Name  TIM BALTIERRA	Signature  Signature  materials covered by this m	alle	eu	ا ا ر	OPY TO	

## **Revised Manifest Summary Report**

## RANDALL /MCANNAY COMPANY RANDALL/MACANNY

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/15/1989		88181265		1376.1	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .6881

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Nap

Signature

8 8022 A (1/88)

18

A 8700-22 v. 9-88) Previous editions are obsolete. Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812